Drugs and Pregnancy

Common sense has it that drugs and pregnancy don't go together. What is known today, however, is that an increasing number of women, including African Americans, are abusing drugs during pregnancy.

While it is difficult to understand a woman's choice to use drugs during pregnancy, it is a choice made under the influence of a powerful illness: addiction.

The National Institute on Drug Abuse (NIDA) estimates that of the women of childbearing age (15 to 44 years), 15 percent are current substance abusers. Approximately 34 million consume alcoholic beverages, more than 18 million are current cigarette smokers and more than 6 million are current users of an illicit drug. Of the 6 million, 44 percent have tried marijuana, and 14 percent have tried cocaine at least once.

With such a large number of women of childbearing age using drugs, it is difficult to expect that drugs won't affect pregnant women. The numbers confirm it. A survey of 36 U.S. hospitals conducted by the National Association for Perinatal Addiction Research and Education found that on average 11 percent of pregnant women used heroin, methadone, amphetamines, PCP, marijuana and, most commonly, cocaine.

African American Women

The numbers of African American women using drugs during pregnancy are equally alarming. Eleven percent used drugs and about 16 percent said they drank alcohol during pregnancy, according to data compiled by the National Institutes of Health (NIH).

Smoking is also a problem. A NIDA study performed in 52 hospitals nationwide found that 13 percent of African American mothers-to-be said they smoked at some point during their pregnancy.

Harmful Effects

Drugs' harmful effects on babies are real and can vary from child to child. "With all drugs, we're still trying to understand the long-term damage," says Dan Price, Ph.D., a child psychologist in Culpeper, Va, who treats children

born with Fetal Alcohol Syndrome, or who had serious problems from drugs taken by their mothers during pregnancy.

Although research is ongoing, some harmful effects are known. For example:

- Cocaine use increases risk of hemorrhage and premature delivery.
 Studies show that the drug also constricts arteries leading to the womb, diminishing the amount of blood and oxygen that reaches the fetus.
- Babies exposed to narcotics in the womb are frequently born addicted, then suffer painful withdrawal symptoms. Head size is often smaller in infants exposed to narcotics. While growth erases some of the physical differences, there may be subtle, long-term deficits in mental or neurological functioning. Other findings include increased risk for sudden infant death syndrome and considerable risk for motor dysfunction.
- Fetal alcohol syndrome babies tend to be underweight at birth, have abnormal facial features, and they can be mentally retarded. They may also be hyperactive and slow to mature. Six percent of babies born to African American women have fetal alcohol syndrome, the NIH reports.
- Nicotine and carbon monoxide in tobacco reduce oxygen flow to the baby in the womb. Nicotine also speeds up a baby's heartbeat and increases its blood pressure. Babies exposed to tobacco tend to be low-birth rate babies, and according to the American Lung Association, have higher incidence of respiratory problems.

Researchers estimate that each year, as many as 375,000 infants may be affected by their mothers' drug use.

Should I Seek Help?

Women of all races and income levels need treatment for drug addiction. If you are pregnant and addicted to drugs, it is never too late to seek help. An addiction to drugs, alcohol, or cigarettes is difficult to overcome. There may be a lot of guilt or embarrassment involved. Finding the strength to believe that you are just a human being who needs help is a start.

 Seek help, even if you feel helpless. Call the free National Drug Information, Treatment, and Referral Line at 800-662-HELP from 9:00 a.m. to 3:00 a.m, Monday through Friday and 12:00 noon to 3:00 a.m., Saturday and Sunday.

- If others influence you to take drugs, try to stay away from them. If you fear for your safety, ask the National Drug Information, Treatment, and Referral line for help.
- Realize you can't do it alone. Find a support system that gives you strength.
- Believe that quitting an addiction is worthwhile, whether you are pregnant or not.
- Be patient. Quitting is hard work.
- Try to overcome any feelings of guilt that may be keeping you from quitting successfully.

Women who abuse drugs or alcohol should abstain from alcohol for about a year before becoming pregnant, says Claire Coles, Ph.D., director of the Maternal Substance Abuse and Child Development Project at Emory University's School of Medicine.

Stopping drug abuse before you become pregnant is the best start you can give your child. If you are pregnant and abusing drugs, quitting now is the best decision you can make for your health and the health of your child. It's up to you to choose the best path to better health for you both.

To learn more, contact the National Clearinghouse for Alcohol and Drug Information at (800) 729-6686 or click onto www.4woman.gov for a comprehensive listing of resources.

Pick Your Path to Health is a national public health education campaign sponsored by the Office on Women's Health within the U.S. Department of Health and Human Services. For more information about the campaign, please call 1-800-994-WOMAN or 1-888-220-5446 (TDD), or visit the National Women's Health Information Center at http://www.4woman.gov/ To request weekly health tips by e-mail, click on the box that says, "Click Here for weekly health tips by e-mail."